

NORTH CAROLINA

WAKE COUNTY

IN RE: STERILIZATION OF

BEFORE THE
EUGENICS BOARD OF NORTH CAROLINA**ORDER FOR OPERATION OF
STERILIZATION**

WHEREAS, on _____, a Petition for Operation of Sterilization or Asexualization to be performed upon _____, was instituted with this Board by _____, the Petitioner, and

WHEREAS, on _____, the Secretary of the Eugenics Board of North Carolina, did issue a Notice of Hearing in this matter, which Notice together with a certified copy of the Petition was duly served upon the patient, _____, and _____

(OR)

WHEREAS, on _____, the Secretary of the Eugenics Board of North Carolina having received written consent by _____, Patient's _____ as provided for in Section 44 (d) of Chapter 35 of the General Statutes of North Carolina, a hearing is unnecessary; and

WHEREAS, this Board at the time and place designated in the aforesaid Notice of Hearing, did consider the said Petition and did hear and consider evidence duly offered in support of and against said Petition, and patient not being present nor represented.

AND it being the opinion and the judgment of this Board that this case falls within the intent and meaning of one or more of the circumstances mentioned in Section 39, Chapter 35, of the General Statutes of North Carolina, and that an operation of sterilization will be for the best interest of the mental, moral, and physical improvement of the said patient, and/or for the public good.

NOW THEREFORE, IT IS ORDERED THAT THE PETITIONER, _____, proceed to have performed upon _____, patient, the operation of _____, such operation to be performed by _____,

on any day between the _____ day of _____ 19____, and the _____ day of _____ 19____;

Provided, that nothing in this order shall prevent or interfere in any manner with the right of the patient, guardian, spouse, or next of kin of such patient to select competent physicians of their own choice to perform such operation at the patient's expense.

Provided further, that nothing contained in this order shall be construed to authorize the interruption or termination of pregnancy in any case where the same is known to exist.

SIGNED _____

This _____ day of _____ 19____ Members of the Eugenics Board of North Carolina

CERTIFICATE OF SURGEON

THIS IS TO CERTIFY that I have this day sterilized, _____

(NAME OF PATIENT)

by doing a _____

(TYPE OF OPERATION)

Signed: _____, M.D.

Date _____

NOTE:—File with Secretary of Eugenics Board of North Carolina, Box 2599, Raleigh, N. C.

PETITIONER: PLEASE FILL IN FORM ON BACK OF THIS SHEET.
STERILIZATION DOES NOT MEAN CASTRATION, NOR STERILIZATION BY X-RAY.